

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007544

STATE FILE NUMBER

AMENDED

Registration District No. 224

Primary Registration District No. 3056

Registrar's No. 41

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Moberly

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Randolph

c. CITY
OR
TOWN

Higbee

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

809 W. Coates

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Edgar F. Carpenter

4. DATE OF DEATH

Month

Day

Year

2/11/62

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/26/70

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

New Market, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Seymour Carpenter

13b. MOTHER'S MAIDEN NAME

Elizabeth Bailey

14. NAME OF HUSBAND OR WIFE

Sarah E. Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ruby Greenlee Chicago, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

IMMEDIATE CAUSE

A. Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Feb 5 to 2-11-62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 5 - 2-11-62, and last saw him alive on 2-10-62

Death occurred at 12:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

CC Smith MD

22b. ADDRESS

312 1/2 Wheel Moberly Mo

22c. DATE SIGNED

2-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/13/62

23c. NAME OF CEMETERY OR CREMATORY

Higbee City Cemetery

23d. LOCATION (City, town, or county)

Higbee, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Marion E. Million

Moberly, Mo.

25. DATE RECD. BY LOCAL REG.

2-13-62

26. REGISTRAR'S SIGNATURE

Charles Lowe

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marion E. Milbourn

Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.